



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

BOARD OF GEOLOGISTS

APPLICATION FOR ASBOG FUNDAMENTALS OF GEOLOGY EXAM (FG)

Applications must be typed or printed legibly and signed in the presence of a Notary Public.
Please mail your application to the address above along with the non-refundable fee.
Payment may be made by check or money order payable to the "State of Delaware".

Mail to be sent to: () Business () Residence

1. _____
Full Name: Last First Middle
2. _____
Permanent Residence: Address Street & Number City State Zip
3. _____
Business Name & Address City State Zip
4. Phone Residence () _____ Phone Business () _____
5. Email Address _____ 6. *Social Security Number _____

* Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that the disclosure of your social security number on this application is required by 29 Del. C. §8807(m). It may be used to enforce child support obligation pursuant to 13 Del. C. §2216 and for other lawful purposes.

7. List geologic or other registrations and licenses that you hold from a governmental body in or out of the State of Delaware. **Do not** include certification by a technical, scientific, or any other non-governmental body.

Type of License	Cert. No.	Issuing Agency/State	Date Issued
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- a. _____
- b. _____
- c. _____

8. College or University. Specify geology credits in semester or quarter hours. **You must arrange for an official transcript to be sent directly from your college or university to the Board office.**

- a. Name and Location _____
Attendance: From _____ To _____ Major _____
Geology Credits _____ Degree _____ Date Received _____
- b. Name and Location _____
Attendance: From _____ To _____ Major _____
Geology Credits _____ Degree _____ Date Received _____
- c. Name and Location _____
Attendance: From _____ To _____ Major _____
Geology Credits _____ Degree _____ Date Received _____

9. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any for which you have received a pardon? Yes___ No___ **If yes, submit a certified copy of your criminal history record.**
10. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
11. Do you have any impairment related to drugs or alcohol that would limit your practice of geology? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4-8 weeks to receive your license.

This section is to be completed in the presence of a notary public.

AFFIDAVIT

State of _____)
)SS
County or City of _____)

The undersigned applicant for professional geologist licensure, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

Date: _____ Signature of Applicant: _____

Sworn and subscribed to before me this _____ of _____, 20_____.

Notary Public

My commission expires: _____.